This Page Is Inserted by IFW Operations and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

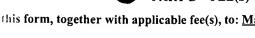
Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

As rescanning documents will not correct images, please do not report the images to the Image Problem Mailbox.





Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

this form, together with applicable fee(s), to: Mail Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for CURRENT CORK .. if ADDRESS (Note: Legibly mark-up, with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 21186 2590 02/18/2004 SCHWEC N. LUNDBERG, WOESSNER & KLUTH, P.A. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. P.O. BOX . MINNEAP. . MN 55402 NE TACI (Depositor's name (Signature 2001 (Date **APPLICATIO** FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/014,335 12/11/2001 Alan R. Fritzberg 295.044US1 1516 TITLE OF INVEN HIGH DOSE RADIONUCLIDE COMPLEXES FOR BONE MARROW SUPPRESSION APPLN, 13 SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisi: NO \$1330 \$300 \$1630 05/18/2004 MINER ART UNIT CLASS-SUBCLASS JONI **ERON LEVEST** 1616 424-001650 1. Change of corre CFR 1.363). address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the Schwegman, Lundberg, names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single Change of co dence address (or Change of Correspondence 122) attached. Woessner & Kluth, P.A. firm (having as a member a registered attorney or Address form agent) and the names of up to 2 registered patent ☐ "Fee Addre PTO/SB/47: ! ion (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name ir more recent) attached. Use of a Customer will be printed. Number is co RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 3. ASSIGNED IN an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has also to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. PLEASE NOT been previously (A) NAME OF 18 (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Neokx Corpor	ation	Seattle, Washington			
Please check the .	inte assignee category or categorie	s (will not be printed on the patent);	☐ individual	Corporation or other private group entit	y 🖸 governmen
4a. The follow	enclosed:	4b. Payment of Fee(s):	ount of the fee(s)	is enclosed.	
Publication (1)	of Copies	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 11-0743 (enclose an extra copy of this form).			
NOTE: The other than the interest as the control of	1 Publication Fee (if required) a registered attorney or agenty cords of the United States Paten lion is required by 37 CFR 1.5 by the public which is to file is governed by 35 U.S.C. 122 ses to complete, including gather to the USPTO. Time will very the amount of time you register by burden, should be sent to the USPTO.	(Date) 4 - 6 - 04 will not be accepted from anyone or the assignee or other party in		1504 3 <u>0</u> 0.	00 OP 00 OP 00 OP
22313-145 SEND TO: Under the collection in	FEND FEES OR COMPLETE for Patents, Alexandria, Virgini	D FORMS TO THIS ADDRESS. a 22313-1450. ons are required to respond to a	•		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Alan R. Fritzberg et al.

Title: HIGH DOSE RADIONUCLIDE COMPLEXES FOR BONE MARROW SUPPRESSION

Docket No.: 295.044US1 Filed: December 11, 2001 Examiner: Dameron L. Jones

Customer No.: 21186

Commissioner for Patents

Attn: MAIL STOP ISSUE FEE

P.O. Box 1450

Alexandria, VA 22313-1450

Serial No.: 10/014,335

Due Date: May 18, 2004

Group Art Unit: 1616

Confirmation No.: 1516

Notice of Allowance Date:

February 18, 2004

We are transmitting herewith the attached:

- X A check in the amount \$ 1330.00 to cover the Large Entity Issue Fee Payment.
- \underline{X} A check in the amount \$ 30.00 to cover the Extra Patent Copies Fee (10 copies).
- X Issue Fee Transmittal (Form PTOL-85).
- \underline{X} A check in the amount \$ 300.00 to cover the Publication Fee Payment.
- X A return postcard.

Please charge any additional required fees for the Issue Fee Payment or credit overpayment to Deposit Account No. 19-0743.

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

Customer Number: 21186

Warren D. Woessner

Reg. No. 30,440 WDW:CMG:nsj

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, Attn – MAIL STOP ISSUE FEE, P.O. Box 1450, Alexandria, VA 22313-1450, on this ______ day of April, 2004.

Name

Signature